## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/591457

FILING DATE

PPLICANT(S)

## CLAIMS

							CLAIM	. <b>S</b>
	AS F	ILED	AFTER 1"AMENDMENT		AFTER 2 "AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							i	51
2							i	52
3							i	53
4							i	54
5								55
6				·			İ	56
7							İ	57
8							İ	58
9								59
10							<u> </u>	60
11							•	61
12							İ	62
13							١.	63
14							i	64
15							i	65
16							i	66
17							i	67
18						Ļ	i	68
19						ļ	1	69
20								70
21						<u> </u>		71
22						ļ		72
23						<u> </u>		73
24								74
25		ļ						75
26						ļ		76
27			_	-				77
28						<del></del>		78 79
29						<u> </u>		80
30		<u> </u>		<del>                                     </del>				81
32						<del>                                     </del>		82
33								83
34							i	84
35		<u> </u>		<del>                                     </del>			ł	85
36				<del>                                     </del>			ł	86
37								87
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39				<del>                                     </del>		<u> </u>	•	89
40				<del>                                     </del>	············	<del> </del>		90
41				1			1	91
42				<u> </u>			1	92
43							İ	93
44				<u> </u>				94
45								95
46								96
47								97
48								98
49							1	99
50							1	100
TOTAL IND.	2	•		•		•		TOTAL IND.
TOTAL DEP.	8	<b>+</b>		<b>+</b>		<b>+</b>		TOTAL DEP.
TOTAL CLAIMS	10							TOTAL CLAIMS

IND.   DEP.   IND.   DEP.   IND.   DEP.		AS FILED			ΓER NDMENT	AFTER 2 MAMENDMENT		
52   53   54   55   56   57   58   59   60   61   62   63   64   65   66   67   68   69   70   71   72   73   74   75   75   76   77   78   79   80   81   82   83   84   85   86   87   88   88   89   90   90   91   91   92   92   93   94   95   96   97   70   70   70   70   70   70   70		IND.	DEP.	IND.	DEP.	IND.	DEP.	
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56   57   58   59   60   61   62   63   64   65   66   67   68   69   70   71   72   73   74   75   75   76   77   78   79   80   81   82   83   84   85   86   87   88   89   90   91   91   92   93   94   95   96   97   98   99   99   100								
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66 67 68 68 69 70 70 71 71 72 73 73 74 75 76 76 77 78 78 79 80 81 81 82 83 84 85 86 887 88 89 90 91 91 92 93 94 95 96 97 98 99 91 100 707AL IND.								
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86   87   88   89   90   91   92   93   94   95   96   97   98   99   100   TOTAL IND.								
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98 99 100 TOTAL IND. TOTAL DEP. TOTAL								
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TOTAL IND.  TOTAL DEP.  TOTAL					ļ			
TOTAL DEP.								
DEP. TOTAL	IND.		🗣		<b>」 ♣</b> │		J ♣	
TOTAL CLAIMS			<b>+</b>		+		+	
	TOTAL CLAIMS							